



**DEPARTMENT OF INSURANCE
STATE OF ARIZONA**

Financial Affairs Division
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**2005 SCHEDULE RT
RETALIATORY TAXES AND FEES WORKSHEET**

Company Name _____ NAIC No. _____

FOREIGN AND ALIEN INSURERS MUST FILE THIS FORM AS A SUPPLEMENT TO THE ANNUAL PREMIUM TAX AND FEES REPORT

In the State of Incorporation Column, enter the amounts that a like Arizona insurer would be required to pay to your state of incorporation, using the Arizona business as the base amount for fees, assessments and taxes imposed. In the Arizona column, enter only amounts actually paid in 2005. **CALL THE TAX UNIT IF YOU NEED ASSISTANCE WITH THIS SCHEDULE**

Part 1: TAXES → [ATTACH SUPPORTING DOCUMENTATION FOR ALL DEDUCTION AMOUNTS REPORTED]

	TYPE OF INSURANCE	GROSS PREMIUMS (Including Finance & Service Charges)	DEDUCTIONS	(A) TAXABLE PREMIUMS	TAX RATE	(B) STATE OF INCORPORATION	(C) ARIZONA
1	Life	\$	\$ ()	\$	%	\$	XXXXXXXXXXXXXX
2	Annuity	\$	\$ ()	\$	%	\$	XXXXXXXXXXXXXX
3	Accident & Health	\$	\$ ()	\$	%	\$	XXXXXXXXXXXXXX
4	Property & Casualty	\$	\$ ()	\$	%	\$	XXXXXXXXXXXXXX
5	Workers' Compensation	\$	\$ ()	\$	%	\$	XXXXXXXXXXXXXX
6	Fire Marshal Tax	\$	\$ ()	\$	%	\$	XXXXXXXXXXXXXX
7	Other:	\$	\$ ()	\$	%	\$	XXXXXXXXXXXXXX
8	Other:	\$	\$ ()	\$	%	\$	XXXXXXXXXXXXXX
9	Subtotal #1 Add lines 1 through 8 in col. B In column C enter the amount reported in Form E-ANNUAL Page 2, column 1, line 10 <u>or</u> column 2, line 15.			\$	XXXXXXX	\$	\$

Part 2: FEES → [ATTACH COPIES OF PAYMENTS AND / OR SUPPORTING SCHEDULES FOR EACH ITEM REPORTED]

10	Certificate of Authority renewal fee paid in 2005	Risk Retention Group enter \$0 in column C, ALL others enter \$135.00	\$	\$
11	Annual Statement filing fee paid in 2005	Risk Retention Group enter \$0 in column C - ALL others enter \$300.00	\$	
12	Publication fees paid in 2005	[ATTACH INVOICE]	\$	XXXXXXXXXXXXXX
13	Policies, rates and forms filing fees		\$	XXXXXXXXXXXXXX
14	Agent fees, IF APPLICABLE. See instructions on Page 2 and on Form E-AZ AGENTS. Enter TOTALS from Page 2		\$	\$
17	Other fees (filing articles, bylaws, amendments)		\$	\$
18	Subtotal #2 (Add lines 10 through 17)		\$	\$

PART 3: ASSESSMENTS → [ATTACH COPIES OF PAYMENTS AND / OR SUPPORTING SCHEDULES FOR EACH ITEM REPORTED]

19	Fraud Fund Assessments	[ATTACH DOCUMENTATION]	\$	\$
20	Fraudulent Claims Assessment	California insurers enter # of vehicles based on AZ business #	\$	XXXXXXXXXXXXXX
21	Arizona Health Care Appeals Fund Assessment	[ATTACH DOCUMENTATION]	XXXXXXXXXXXXXX	\$
22	Arizona Assessment Fund for Voluntary Plans	[ATTACH DOCUMENTATION]	XXXXXXXXXXXXXX	\$
23	Arizona Auto Theft Authority	[ATTACH DOCUMENTATION]	XXXXXXXXXXXXXX	\$
24	Other State of Incorporation Assessments	[ATTACH DOCUMENTATION]	\$	\$
25	Subtotal #3 (Add lines 19 through 24)		\$	\$

PART 4: OTHER TAXES → [ATTACH COPIES OF PAYMENTS AND / OR SUPPORTING SCHEDULES FOR EACH ITEM REPORTED]

26	State income tax paid/payable for 2005	[ATTACH PRO-FORMA RETURN]	\$	XXXXXXXXXXXXXX
27	State income tax credit against premium tax for 2005		\$ ()	XXXXXXXXXXXXXX
28	State franchise tax paid/payable for 2005	[ATTACH PRO-FORMA RETURN]	\$	XXXXXXXXXXXXXX
29	State franchise tax credit against premium tax for 2005		\$ ()	XXXXXXXXXXXXXX
30	Local or Regional taxes from Page 2 - Insurers domiciled in AL, FL, GA, IL, KY, LA, MO, NE, NY, PA, SC, WV Required to Complete		\$	XXXXXXXXXXXXXX
31	Fire Marshal/Fire District taxes (not reported above in Part 1)		\$	XXXXXXXXXXXXXX
32	Other State of Incorporation taxes	[ATTACH DOCUMENTATION]	\$	XXXXXXXXXXXXXX
33	Subtotal # 4 (Add lines 26 through 32)		\$	\$
34	RETALIATORY WORKSHEET TOTALS (Sum of Subtotal lines 9, 18, 25, 33)	(DOM)	\$	\$
35	Total of Arizona column C, line 34.		\$	
36	Retaliatory Amount Due (column B, line 34 minus line 35) If result is less than zero, enter "0". Carry this amount to Form E-ANNUAL TAX, Page 1, Part C, line 1.		\$	(RT)

COMPLETE AND RETURN PAGE 2 ONLY IF AMOUNTS ARE REPORTED ON LINE 14 OR ON LINE 30
STATE OF ARIZONA - SCHEDULE RT (continued) - RETALIATORY TAXES AND FEES WORKSHEET FOR CALENDAR YEAR 2005

COMPANY NAME _____ NAIC No. _____

COMPANY AGENT FEES Page 1, Line 14

ONLY INSURERS whose domiciliary state requires ARIZONA INSURERS to pay fees for the license, OR appointment OR termination of their agents in that state SHALL complete **Form E-AZ AGENTS and attach it to this schedule.** Complete only the columns that are applicable. For example, if your state requires insurers to only pay appointment fees, then complete only that column. After completing Form E-AZ-AGENTS, carry totals forward to applicable sections A and/or B and/or C below. *[PLEASE VERIFY YOUR STATE'S REQUIREMENTS WITH THEIR INSURANCE DEPARTMENT AND YOUR COMPANY'S ACCOUNTING Department].*

COMPLETE PART A BELOW ONLY IF YOUR STATE OF INCORPORATION REQUIRES ARIZONA INSURERS TO PAY AGENT LICENSE FEES.
COMPLETE PART B BELOW ONLY IF YOUR STATE OF INCORPORATION REQUIRES ARIZONA INSURERS TO PAY AGENT APPOINTMENT FEES.
COMPLETE PART C BELOW ONLY IF YOUR STATE OF INCORPORATION REQUIRES ARIZONA INSURERS TO PAY AGENT TERMINATION FEES.

		STATE OF INCORPORATION	ARIZONA
A	Enter the figure from line 1 of Part D on Page 2 of FORM E-AZ AGENTS in BOTH Columns ⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒	#	#
	Enter the AGENT LICENSE FEE amount that was in effect in the State of Incorporation during 2005. (Do not include any late fees)	X \$	Enter \$ amount from line 2, Part D, on Page 2 of Form E-AZ AGENTS below
	Total 2005 agent license fees. Multiply the 2 lines above for the State of Incorporation column and enter the result.	\$	\$
B	Enter TOTAL from COLUMN 3 on Page 1 of FORM E-AZ AGENTS in STATE OF INCORPORATION Column ⇒⇒⇒⇒	#	
	Enter the AGENT APPOINTMENT FEE amount that was in effect in the State of Incorporation during 2005. (Do not include any late fees)	X \$	
	Total 2005 agent appointment fees. Multiply the 2 lines above and enter the result. ⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒	\$	
C	Enter TOTAL from COLUMN 4 on Page 1 of FORM E-AZ AGENTS in STATE OF INCORPORATION Column ⇒⇒⇒⇒	#	
	Enter the AGENT TERMINATION FEE amount that was in effect in the State of Incorporation during 2005. (Do not include any late fees)	X \$	
	Total 2005 agent termination fees. Multiply the 2 lines above and enter the result. ⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒	\$	
TOTALS - ENTER SUM OF SECTION A, B AND C TOTALS IN SHADED BOXES. CARRY THESE TOTALS PAGE 1 LINE 14		\$	\$

ADDITIONS TO THE RATE OF TAX Page 1, Column B, Line 30

All insurers domiciled in a State listed below must compute Local or Regional taxes pursuant to Arizona Administrative Code R20-6-206, using the rates published below.

	STATE OF DOMICILE	FOREIGN or ALIEN LIFE INSURER Column A	OTHER FOREIGN or ALIEN INSURER Column B
1.	Alabama	0.280319%	0.751909%
2.	Florida	0.028634%	0.017949%
3.	Georgia	0.935116%	1.305323%
4.	Illinois	0.000000%	0.000000%
5.	Kentucky	0.930466%	0.494708%
6.	Louisiana	0.757731%	0.562053%
7.	Missouri	0.000000%	0.000000%
8.	Nebraska	0.000000%	0.000000%
9.	New York	0.000000%	0.156757%
10.	Pennsylvania	0.000000%	0.000000%
11.	South Carolina	0.874148%	1.114368%
12.	West Virginia	0.011618%	0.000000%

COMPUTATION OF LOCAL OR REGIONAL TAXES FOR AN INSURER DOMICILED IN A STATE LISTED ABOVE:

INSURERS AUTHORIZED TO ISSUE LIFE INSURANCE POLICIES OR ANNUITIES IN ARIZONA:

- A. Subtotal of taxable premiums from Form Sch-RT, Page 1, Part 1, column A, line 9. \$ _____
- B. Addition to the Rate of Tax from chart above, column A, line ____ (insert line #) _____ %
- C. Local or Regional amount (line A x line B) Carry this amount to Page 1, column B, line 30. \$ _____

ALL OTHER INSURERS (NOT AUTHORIZED TO TRANSACT LIFE INSURANCE OR ANNUITIES IN ARIZONA):

- D. Subtotal of taxable premiums from Form Sch-RT, Page 1, Part 1, column A, line 9. \$ _____
- E. Addition to the Rate of Tax from chart above, column B, line ____ (insert line #) _____ %
- F. Local or Regional amount (line D x line E) Carry this amount to Page 1, column B, line 30. \$ _____